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Descriptive and clinical epidemiology of preeclampsia and eclampsia in Florida.

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OBJECTIVE: To calculate preeclampsia/eclampsia rates for Florida and identify risk factors for prolonged length of stay (PLOS) among women hospitalized throughout Florida for preeclampsia/eclampsia and discharged in 2001. DESIGN: Analyses were performed using a statewide hospital discharge dataset from Florida. Hospital discharge rates per Florida female population and risk per 100 deliveries were calculated for women hospitalized for preeclampsia. Binomial regression was used to calculate relative risks (RR) of PLOS among 5495 women. Generalized estimating equations were used to account for nesting by facility. RESULTS: Non-Whites had higher preeclampsia discharge rates per 10,000 population than Whites in every age group. The overall risk of preeclampsia was 3.9 per 100 deliveries, with the highest risks in the youngest and oldest age groups. The strongest risk factor for PLOS was having a diagnosis of preeclampsia/eclampsia superimposed on pre-existing hypertension. These patients had 2.64 times the risk of PLOS than patients who had mild or unspecified preeclampsia (P value <.0001). Diabetics were also at a higher risk of PLOS (adjusted RR=1.26, P=.003). Women who were admitted from the emergency department were 26% less likely than women admitted from other sources to have PLOS (adjusted RR=.74, P=.01). For every 10-year increase in maternal age, there was a 23% increase in the risk of PLOS (adjusted RR=1.23, P<.0001). CONCLUSIONS: Advancing maternal age, Black race, diabetes, severe preeclampsia, and preeclampsia (or eclampsia) superimposed on existing hypertension increased the risk of PLOS, while being admitted from the emergency department was associated with a decreased risk of PLOS.

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